

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Opportunity and Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00573634	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Glass House Strategy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2015		
Mailing Address PMB A212 3941 Legacy Drive #204			Amount 14140.00		
City Plano	State TX	Zip Code 75023	Transaction ID : SE.4597		
Purpose of Expenditure Media Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2015		
Name of Federal Candidate JAMES R (RICK) PERRY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			229180.00		

Full Name of Payee Glass House Strategy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2015		
Mailing Address PMB A212 3941 Legacy Drive #204			Amount 420.00		
City Plano	State TX	Zip Code 75023	Transaction ID : SE.4599		
Purpose of Expenditure Licensing and Editing for Media Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2015		
Name of Federal Candidate JAMES R (RICK) PERRY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			229600.00		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	14560.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Stefan C. Passantino

[Electronically Filed]

Date

MM / DD / YYYY
09 / 09 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Opportunity and Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00573634	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee SRH Media, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2015	
Mailing Address PO Box 367		Amount 229180.00	
City Spencerville	State MD	Zip Code 20868	Transaction ID : SE.4594
Purpose of Expenditure Media Buy	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2015	
Name of Federal Candidate JAMES R (RICK) PERRY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 229180.00		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	229180.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	243740.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Stefan C. Passantino

[Electronically Filed]

Date

MM / DD / YYYY
09 / 09 / 2015

Signature